

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/935865

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		1		1			53						
4		1		1			54						
5		1					55						
6		3					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		3					71						
22		3					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		1					77						
28		3					78						
29		3					79						
30		①					80						
31	1						81						
32		1					82						
33		1					83						
34		3					84						
35		3					85						
36		①					86						
37	1						87						
38	1						88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	51						TOTAL DEP.						
TOTAL CLAIMS	57						TOTAL CLAIMS						

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